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(F	Requestor's Name)	
A)	Address)	<u>;</u>
(A)	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Occument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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EXAMINER



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	\ _I\	VC.	P.O. Box	x 370
		/		

\	ACCESS, / INC.	236 East 6t	h Avenue . Tallahassee, Flori	da 32303
	P.O. Box 37066	(32315-7066)	~ (850) 222-2666 or (800	969-1666 . Fax (850) 222-1666
	V————	W	ALK IN	TO SEP 27
·	PICK	UP:	9/27 8.6.	3 CONFERENCE OF STREET
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X) X)	FILING	LLC	Amend	
(C	ORPORATE NAME AND DOCUM	ENT #)		
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	ORPORATE NAME AND DOCUM		<u> </u>	
(CC	DRPORATE NAME AND DOCUM	ENT#)	·	
- (CC	DRPORATE NAME AND DOCUM	ENT #)		
	STRUCTIONS:			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Irishtown LLC		3
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now apper da Limited Liability Company)	ars on our records.)	74 4: 15
The Articles of Organization for this Limited Liabilit	ty Company were filed on	June 9, 2008	ム る and assigned
This amendment is submitted to amend the following	g :		
A. If amending name, enter the new name of the	limited liability company he	ere:	
The new name must be distinguishable and end with the "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		eany," the designation "LI	.C" or the abbreviation
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	<i>/</i> F	Inter Florida street addr	Pess)
	(42		· .
	(City)	, Florida	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Austin O. Delaney	Deceased	Add _☑ Remove
MGRM	James Patrick Delaney	49 West 72nd Street Apt. 4AB New York, NY 10023	X Add Remove
MGRM	Dermot Delaney	333 East 43rd Street Apt. 701 New York, NY 10017	∄ Add Remove
MGRM	Anne Marie Delaney	300 Rector Place Apt. 4G New York, NY 10280	⊠ Add Remove
· · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If ame	nding any other information, enter change((s) here: (Attach additional sheets, if necessary.)	Add Remove
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- -		,	_ _ _
Dated	September 20, 201		
	Stephen J. Lu. Homes Typed on	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00